

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1						61						
2							62						
3							63						
4							64						
6							65						
6							66						
7							67						
8							68						
9							69						
10							60						
11	1						61						
12							62						
13							63						
14							64						
16							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25							76						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
36							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
46							96						
46							96						
47							97						
48							98						
49							99						
60							100						
TOTAL INO.	3						TOTAL INO.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL	30						TOTAL						